

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

206

Primary Registration District No.

5751

Registrar's No.

0011417

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0620

2 06202

3

4 0

5 0

6

7 0

8 2

9 X

10

11 062

12 90.3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

MADISON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

FREDERICKTOWN

Length of stay in lb

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

2 mile NORTH
Highway 67

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

MADISON

c. CITY

OR TOWN

FREDERICKTOWN

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

RED #2

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

EARNEST DALE STARKEY

4. DATE OF DEATH

Month

Day

Year

MARCH 8 1964

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☒

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-19-21

9. AGE (last birthday)

42

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SAW MILL

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

MADISON Co.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

WESLEY STARKEY

13b. MOTHER'S MAIDEN NAME

ALICE VERNON

14. NAME OF HUSBAND OR WIFE

MRS MARY WARD PATTON, MD

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

YES

(If yes, give war or dates of service)

W.W. II

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MRS MARY WARD PATTON, MD

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CHEST INJURIES

INTERVAL BETWEEN ONSET AND DEATH

INST

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

DRIVER OF CAR WHICH HIT A BRIDGE

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

3-8-64

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

AV. 67 N. FREDERICKTOWN

20f. CITY, TOWN, OR LOCATION

FREDERICKTOWN

COUNTY

MADISON

STATE

MO.

21. I attended the deceased from _____, to _____ and last saw him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ray Wilson Coroner

22b. ADDRESS

FREDERICKTOWN MO.

22c. DATE SIGNED

3-8-64

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

3-10-64

23c. NAME OF CEMETERY OR CREMATORY

TRHades CHAPEL

23d. LOCATION (City, town, or county)

MADISON Co.

(State)

24. FUNERAL DIRECTOR

Wilson Funeral Home

25. DATE RECD. BY LOCAL REG.

3-10-1964

26. REGISTRAR'S SIGNATURE

Annice Nickerson

MAR 20 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond B. Walsin

Licensed Embalmer No. 4884

P. O. Address Frederickton no.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.